



Please complete all sections and return to school office –

Adult A name –

Adult B name –

Student/s name -

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

